

**PERSONAL INFORMATION** 

LAST NAME

Date Received Office Use Only

FIRST NAME

## **Internal Digital Health and Data Analytics Form**

MIDDLE NAME

**Registrar's Office - Admissions** 

STUDENT ID # (former students)

222 St. Patrick Street Toronto, ON M5T 1V4 <u>dhda@michener.ca</u> | 1 (416) 596-3117 or 1 (800) 387-9066

DATE OF BIRTH (MM/DD/YYYY)/			GENDER: [ ] Female [ ] Male [ ] Other		
COUNTRY OF CITIZENSHIPSHIP			LANGUAGE (FIRST)		
[ ] Canadian [ ] Other			[ ] English [ ] French [ ] Other:		
VISA STATUS					
[ ] International Student [ ] International Student with Study Permit [ ] Permanent Resident [ ] Protected Person/Refugee					
CONTACT INFORMAT	ION				
ADDRESS			CITY OR TOWN		PROVINCE
POSTAL CODE TELEPHONE/MOBILE PHONE			EMAIL ADDRESS		
	()				
Date of Graduation/Anticipated Date of Graduation (MM/YYYY):/					
ANTICIPATED START DATE (MM/YYYY):/					
AUTHORIZATION AND DECLARATION  I understand that if any information in my application is determined to be false or misleading, concealed or withheld, my application may be invalidated and this					
could result in its immediate re	ejection or in the revocation of an offer of admormation and all supporting documentation ar	nission or registra	ation at The Michener Institut	• •	•
Student Signature:			Date		

The information on this form is collected under the authority of the Michener Institute of Education at UHN and will be protected and used in compliance with the Ontario Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. F.31. Student information held by the Michener Institute of Education at UHN may be used for administrative and statistical purposes of the Institute and/or the ministries and agencies of the Government of Ontario and the Government of Canada.

Date

Registrar's Office Staff Name

**OFFICE USE ONLY:** 

Processed By: